

# ROLLING BEYOND RAVES: ECSTASY USE OUTSIDE THE RAVE SETTING

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*In this paper, we explore settings of ecstasy use other than those that are part of the rave scene. Little is known about its use in other settings. Data from young adult (18-25 years old) active ecstasy users were collected using surveys (N = 158) and qualitative in-depth interviews (N = 66). Recruitment involved targeted and theoretical sampling. Data analysis was guided by the constant comparison method, common in grounded theory. Our findings indicate that ecstasy use has extended to social settings beyond raves, including dance/music venues, bars in inner-city neighborhoods, neighborhood cruising sites, and private residences. Users may attend multiple settings, and it is common for use practices to be transmitted across settings. An understanding of emerging social settings of ecstasy use and the associated use patterns provides baseline information for the development of effective and appropriate prevention and intervention programs, including drug treatment, as well as for policy makers.*

## INTRODUCTION

The use of ecstasy, the common name for 3,4 Methylene Dioxy Meth Amphetamine (MDMA), has increased dramatically, particularly among adolescents and young adults in the U.S. (Agar & Reisinger, 2003; Golub, Johnson, Sifaneck, Chesluk, & Parker, 2001; Johnston, O'Malley, & Bachman, 2002; National Institute on Drug Abuse [NIDA], 2003). Ecstasy use has been associated with raves, which

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first emerged in Western Europe (Diemel & Blanken, 1999; Forsyth, Barnard, & McKeganey, 1997; Hammersley, Khan, & Ditton, 2002; Hammersley, Ditton, Smith, & Short, 1999; Hitzler, 2002; Measham, Parker, & Aldridge, 1998; Riley, James, Gregory, Dingle, & Cadger, 2001; Schwartz & Miller, 1997; Spruit, 1999; Ter Bogt, Engels, Hibbel, Van Wel, & Verhagen, 2002). During the 1990s, raves gained popularity also in North America (Gross, Barrett, Sean, Shestowsky, & Pihl, 2002; Sloan, 2000). Those attending raves (hereafter referred to as ravers) were compared to the "flower-power" children of the 1960s because individuals in both groups emphasized the message of love, community, and connectedness. Both in the United Kingdom and the United States, ravers were identified as predominantly young and White, with U.K. ravers primarily having a working-class background as opposed to the middle-class background identified among U.S. ravers.

Population-based surveys in the U.S. have shown ecstasy users to be largely young adult, White, and middle class (Johnston et al., 2002). Yet, national studies tracking drug trends reveal shifting demographic characteristics of ecstasy uses that include increasing numbers of non-White and non-middle-class youth (Johnston et al.). The most recent National Institute on Drug Abuse, Community Epidemiology Work Group report (NIDA, 2003), a semi-annual review of drug trends, also shows that ecstasy has moved beyond the rave and club scenes. The Pulse Check data from the Office of National Drug Control and Policy (2004) found a growing use of ecstasy among African Americans in some cities, and the sales and use of ecstasy spreading to settings outside the rave and club scenes. The demographic diversity of ecstasy users is not limited to the U.S. (see, for example, Measham et al., 1998 on the U.K.; Spruit, 1999 on the Netherlands).

While early studies on ecstasy included exploration of therapeutic uses (Beck & Rosenbaum 1994; Shulgin 1986) and residential use (Korf, Blanken, & Nabben, 1991; Rosenbaum, Morgan, & Beck, 1989), ecstasy research soon centered on the emerging, youth-popular rave scene (Gross et al., 2002; Critcher, 2000; Hitzler, 2002; Weber, 1999). As ecstasy use spread across dance scenes, research interest in ecstasy included dance clubs in Europe (Allaste & Lagerspetz, 2002; Bellis, Hughes, & Lowey, 2002; Hammersley et al., 1999; Malbon, 1999; Riley et al., 2001; Ter Bogt et al., 2002;) and circuit parties in the U.S. (Cohen, 2001; Mansergh et al., 2001). Recent articles incorporate discussions on the "politics" of ecstasy research (Grob, 2002; Rosenbaum, 2002); nonetheless, the "rave" culture associated with ecstasy use continues to appeal to social science researchers (Nencini, 2002; Yacoubian, Boyle, Hardin & Loftus, 2003).

This paper is concerned with settings outside rave culture; however, since a precise definition of a rave is highly problematic, we will construct a composite picture of the different types of raves described in our respondents' accounts. Such

an understanding of raves is needed to facilitate an appreciation of ecstasy use in settings beyond raves.

Descriptions of the rave scene in published articles and in the news media portray a culture centered on music, dance, lighting, characteristic clothing, a collective ideology, and drugs. The music heard at raves, which is repetitive and often computer generated, is called "techno-music," "house," "acid-house," "jungle," "ambient," and "trance" (Hitzler, 2002; Weber, 1999). Talented DJs replace rock bands at these music scenes. Dancing and strobe lighting are often an integral part of the rave ecstasy experience, as are accessories, such as pacifiers and lollipops, which are sucked to help avoid the teeth grinding and jaw clenching attributed to ecstasy use. The so-called "club drugs" include ecstasy (MDMA), Ketamine (Special K), Acid (LSD), mushrooms, GHB, and Rohypnol. Ravers promote the PLUR dogma (peace, love, unity and respect), and some describe the events as a "spiritual experience" (Weber, 1999, p. 326), which are allegedly asexual (Sloan, 2000).

The rave scene described by our respondents in Atlanta, Georgia depicts a changing setting. First, there are a variety of events that are called raves: (1) the underground or "real" raves; (2) the "weekend" raves; and (3) the "commercial" or publicly advertised raves. The underground raves are described as all night and/or two-day-long events that rely on alternative modes of advertisement. The "weekend" raves, usually called "parties," are weekly events held in empty anchor stores at deserted strip malls whose location may be found at online dance happening sites. These events are called "weekend" raves because they are held only on weekend nights. The advertised raves are held at well-known clubs that are rented for various dance or concert events and are commercial in economic and promotional terms. Although most of our respondents attended the newer, more commercial parties and weekend raves, typically they prefer the traditional "real" raves.

Second, in terms of changes within the setting we found that regardless of the type of raves, two subgroups exist side by side in the new rave settings. One subgroup is composed primarily of "candy kids" and the other subgroup is known as the "jungle kids" or simply "junglists." These two subgroups are described as separate subcultures, but ravers intermingle in both subcultures throughout the night. Although the subcultures may have distinctive physical and social settings, in reality, these subcultures influence each other to such an extent that new ravers are socialized by both groups. We found that the most recent arrivals on the rave scene do not distinguish between the candy kids and junglists as much as do the more experienced ravers, sometimes called "old-school ravers." In sum, the separate subcultures appear to become less distinct over time.

Research studies focused on ecstasy have followed the use of ecstasy from raves to clubs without always making a clear distinction between "clubbers" and

"ravers." As ravers turn 21 years old, they typically begin to attend clubs that serve alcohol (in the U.S. alcohol is not allowed to be sold to anyone under age 21). Some clubs incorporate characteristics of raves and may advertise as a "rave" event. (Malbon, 1999). The term "rave" also has been used in recent literature interchangeably with "circuit parties" for gay males (Cohen, 2001). Ecstasy using "clubbers" also attend rave-like "gay clubs" for clientele over 21 years old. In this article, we make a distinction between the club settings and the rave setting primarily by the sale of alcoholic beverages. While the settings and characteristics of different raves may be dissimilar, traditional old school raves, the newer weekend raves, and commercial raves are focused on youths under 21 and do not sell alcoholic beverages. In this article we distinguish types of clubs and show that ecstasy use has spread well beyond the club scene as well.

With the majority of ecstasy research focused on the rave and club scene (Allaste & Lagerspetz, 2002; Gross et al., 2002; Hammersley et al., 1999; Hitzler, 2002; Riley et al., 2001; Van de Wijngaart et al., 1999), there is a need for more research on ecstasy use in other social contexts (Allaste & Lagerspetz, 2002; Golub et al., 2001). It may very well be that ecstasy use patterns are the first to reflect the postmodern and globalization influence on the world drug market. Agar and Reisinger (2003), documenting the details of global ecstasy trends, conclude "we live in a nonlinear dynamic world, which is why the ecstasy epidemic looks different from drug epidemics in earlier decades" (p. 8). The authors also suggest that global postmodern changes, such as "networks, modularity, flexibility," mean that the old model of production and distribution of illicit drugs has been replaced by "a new model of rapidly changing fuzzy and fluid systems" (p. 10). It is the rapidly changing social settings and associated patterns of ecstasy use that are little understood and largely unknown in current research literature on ecstasy.

In this paper, we explore the new ecstasy settings and the associated social norms for use patterns. In doing so, we build on Zinberg's (1979, 1984) work on "set" and "setting." Set, defined as "the user's personality and his or her attitudes toward taking the drug" (Zinberg, 1979, p. 308), also includes expectation of the drug and motivation for using the drug (Zinberg, 1984). Setting covers "the characteristics of the physical and social setting in which use occurs" (Zinberg, 1979, p. 308), including the environmental influence and stress (Zinberg, 1984). Set and setting, rather than the drug's pharmacological properties, might have a greater influence on the user and use patterns (McElrath & McEvoy, 2002; Reinerman & Levine, 1997). The settings discussed include dance and music venues, such as gay clubs, hip hop clubs, music concerts, inner city bars, neighborhood cruising settings, and residential (at-home) settings. The set in this article are the user's perceptions and attitudes toward ecstasy, including expectations and motivations as expressed

by users in different settings. Thus, we focus on contrasting both settings and perceptions, and we show how and why the setting of ecstasy use affects the set of the user.

### **METHODS AND SAMPLE**

Between September 2002 and July 2003, data were collected from young adult ecstasy users in Atlanta, Georgia. Questionnaire-based interviews were conducted with 158 individuals and qualitative in-depth interviews with a random subsample of 66 persons. Those who participated in the qualitative component did not differ significantly from those who only participated in the survey interviews. In addition to these interview data, the community identification process (CID) yielded field notes, which also became part of the data set. The CID process is a mapping method to record epidemiological indicators of use (e.g., from emergency rooms, law enforcement, and drug treatment), expert opinions (e.g., local political leaders and public health officials), and ethnographic information from local researchers. The final stages of the CID are ethnographic observations at targeted settings (Tashima, Crain, O'Reilly, & Sterk-Elifson, 1996). The use of the CID process also allowed us to become familiar with the social ecology of the ecstasy scene, including the different types of users, the various social settings of use, and the associated behaviors and interaction patterns. The CID is especially effective when studying "hidden" populations as well as populations of which the parameters are unknown. Both apply to ecstasy users. A team of ethnographers and interviewers, including three White women, one African-American woman, two African-American men, and one Hispanic man, conducted the recruitment, mapping, and identification of potential study participants.

To be eligible to participate in the study, the respondents had to be 18 to 25 years old, out of drug treatment or any other institutional setting, and active ecstasy users who had used ecstasy at least four times in the past 90 days. Potential respondents were screened either in the natural setting, or for those who called the project phone line, through a screening conducted over the phone. Those who met the criteria and indicated they were still active users were scheduled for an interview conducted at a mutually convenient research field site, including one of the project offices in a university, the respondent's home, the interviewer's car, fast food restaurants, coffee shops, or community centers. The main reasons for nonparticipation were that the respondent did not meet the age criteria (usually too old) or the respondent did not use ecstasy at least four times in the last 90 days prior to the interview. We should note that the use criterion for inclusion in this study is more stringent than that frequently used in previous studies (Allaste & Lagerspetz, 2002; Gross et al., 2002; Hammersley et al., 1999; Hitzler, 2002; Riley et al., 2001;

Van de Winaart et al., 1999) because we aimed to focus on respondents with extensive experience in ecstasy use as opposed to experimental users. Previous studies have used eligibility criteria such as "ever used ecstasy" (Hammersley et al.; McElrath & McEvoy, 2001a, 2001b) or "any drug use in last year" (Riley et al.). Our more stringent criteria, "used ecstasy at least four times in past 90 days" proved successful in recruiting participation of low, medium, and heavy users of ecstasy, who in comparison are more extensive users of ecstasy than previously studied. Screening occurred as potential respondents were identified using a field screening form that asked about demographic characteristics and past and current drug use.

Prior to the actual interview, a follow-up screening was conducted with all respondents in which additional questions with a more specific focus on ecstasy were asked; for instance, the price of ecstasy, the terms used for ecstasy, and initial feelings after taking ecstasy. Very few respondents failed our second screening test for ecstasy use; however, if at any time during the interview it became apparent that the respondent was not an ecstasy user, the interview was diplomatically terminated. On only two occasions we removed a completed interview from the sample due to concerns over the validity of the responses.

By incorporating snowball sampling combined with targeted sampling, we were able to interview diverse and distinct "networks" of ecstasy users. Respondents who had participated in the study often referred their ecstasy using friends. Every so often, when we first identified a new network, the responses from initial interviews raised our suspicions about the validity of what we were hearing. But after interviews with others in the same network, we learned that new and emerging networks reported different terms for ecstasy, diverse patterns, and, occasionally, dissimilar effects from those we heard in other ecstasy use networks.

Once identified as eligible, the respondents were given more in-depth information on the nature of the study, the time required, and other informed consent procedures. Institutional Review Board approval was received from both Emory University and Georgia State University. The respondent and the interviewer each retained a copy of a signed consent form. Respondents received \$25 for a survey interview. The consent form indicated that approximately one half of the respondents would be randomly selected for a qualitative interview, for which they received an additional \$15.

The quantitative questionnaire-based interview was conducted using a computerized interview administered by the interviewer. The average length of time to complete a quantitative interview was two hours (range from 1 to 3.5 hours). The average length of the qualitative interview was 90 minutes, with a range from

1 to 2.5 hours. All interviewers received extensive training in both quantitative and qualitative interviewing.

### *DATA COLLECTION*

The data collection yielded three different types of data: field notes from ethnographic observations conducted as part of the CID, quantitative data from the 158 survey interviews, and qualitative data from the 66 in-depth interviews.

The field notes were recorded using an observation protocol that included notes on the set, setting, people, and actions (Bernard, 1994; Sanjek, 1990). Included were observations of the physical environment of places where ecstasy was being used, as well as the social infrastructure, such as interactions between people and changes in atmosphere over time (for more information on fieldwork see, for example, Agar, 1986; Lofland & Lofland, 1995; Lofland, 1995; Spradley, 1980; Van Maanen, 1988). The observations sites included clubs, city streets, parks, private homes, and other settings identified by ecstasy users. The process of conducting observations has been labeled as "subjective soaking" (Ellen, 1984).

The quantitative information includes demographic characteristics and ecstasy use variables. Age was dichotomized into those between the ages of 18 and 20 and those between 21 and 25 years. Frequency of use was measured by the number of times used in the last 90 days, with two categories: having used more than once per month to once a week and having used more than once a week. Setting of use was assessed for lifetime use, first ecstasy use, and use in the past 90 days prior to the interview. The settings included rave, club or party, private residence, music concert, or another place.

The survey questions used in this paper include the following: "How many times have you used ecstasy in the last 90 days?" "Where did you first take ecstasy?" "Have you ever taken ecstasy at (a) a party, club or rave, (b) your own place or a friend's place, (c) a music concert, (d) some other place (specify)?" "Have you taken ecstasy in the past 90 days at (a) a party, club or rave, (b) your own place or a friend's place, (c) a music concert, (d) some other place (specify)?" While the survey questions asked where ecstasy was "taken," the qualitative in-depth interviews clarified where ecstasy was "experienced." Interviewers were trained to explain that "taken" ecstasy means where respondents were high on ecstasy. Comparison of the qualitative data with survey responses shows that respondents were referring to the setting where they were high on ecstasy when answering the questions on where they had "taken" ecstasy. For example, if a respondent explained in the in-depth interview that they actually swallowed a pill in the car on the way to a club the first time they used, the response on the quantitative data shows "club" as the

first time setting. Respondents reported “cars” as setting of use only if they were actually riding around in the car while high on ecstasy.

The in-depth interview focused on topics such as initial use, reasons for use, settings where use took place, the characteristics of those settings and the people attending these settings, perceptions of the typical ecstasy user, various subgroups of ecstasy users, and perceived health consequences of use. In-depth interview guides were constructed for each individual qualitative interview through intensive analysis of the quantitative survey responses and the ethnographic notes pertaining to the respondent, with particular attention paid to any abnormalities, inconsistencies, or novel themes surrounding ecstasy use. Findings from the survey interviews were used to guide the qualitative interviews. For example, if a person’s ecstasy habit had changed in terms of setting, frequency, or pattern of use, open-ended questions were asked to allow a more in-depth exploration. Findings from the ethnographic observations also were used to guide the qualitative interviews. When, for instance, we attended hip hop clubs, we saw none of the “rave” paraphernalia associated with ecstasy use or the “touchy-feely” behaviors that were common at raves. We inquired about this further when conducting in-depth interviews with young African Americans who frequented both raves and hip hop clubs.

#### *DATA ANALYSIS*

The quantitative data were entered into SPSS, and only a descriptive statistical analysis was conducted. The textual data from the observation field notes and the qualitative interviews were analyzed using QSR Nu\*Dist, a qualitative data management program. This data management program allows for a complex analysis of the main themes by combining all the transcripts and associated codes in one data set. The coding was guided by the constant comparison method used in grounded theory (Strauss & Corbin, 1998). Grounded theory provides such a systematic method of qualitative analysis (Sterk, Elifson, & Theall, 2000). Open coding begins with finding core concepts (called categories) in the data that can be examined comparatively (Strauss & Corbin). Multiple project staff initially developed separate coding schemes to ensure interrater reliability.

During axial coding, the core categories are developed and refined. For example, in the open coding of the first few transcribed ecstasy interviews, we determined the core categories of “settings” of ecstasy use and “patterns of use.” In our axial coding we found linkages between the subcategories (or dimensions) of “settings” and “patterns.” Two dimensions of patterns of use were “barriers to use” and “binging.” Examples of barriers to using ecstasy were found more often in club settings, while binging patterns usually were found in residential settings such as homes or house parties.



Theoretical sampling requires the fullest possible coverage on the whole group (in this study the set of the group in each setting) only at the beginning of the research. The main focus is to obtain data on emerging categories. The categories are then sampled until they are saturated. Saturation means that no additional data are being found whereby the researcher can develop the category further. For example, we found the "setting" category to be saturated after coding 47 qualitative interviews, and while additional interview data expanded our understanding of settings, it did not provide a new setting. For this paper we focus on the user's perception and behavioral patterns as they relate to the different settings of ecstasy use.

## **RESULTS**

### *SAMPLE CHARACTERISTICS*

The quantitative sample consists of young adult ecstasy users 18-25 years old, with a mean age of 20.8 (SD 2.3). The majority is White (59.5%), followed by African American (32.9%), Latino (3.8%) or other (3.8%) predominantly biracial, Native American, or Asian. About one third of the sample (28.5%) is female. Over one half (62.0%) of the sample has 12 years of education or fewer, with one third (33.6%) having some college, and seven respondents (4.4%) having already completed a bachelor's degree. Almost one half (46.8%) reported their socioeconomic status as middle class, 32.3% reported less than middle class, and 20.9% reported above middle class. In terms of their ecstasy use, respondents' reported use of ecstasy ranging from 4 to 84 times in the last 90 days. While all of our respondents can be classified as comparatively frequent users of ecstasy, 41.8% qualified as "heavy users," defined as using ecstasy more than once a week in the last 90 days, with the remaining 58.2% using more than once a month up to once a week.

The most common setting for "first time" ecstasy use was at a rave, club, or party (43.0%), followed by at a private residence (37.3%), at a music concert (3.8%), and at another place (15.8%), such as the neighborhood streets, parks, or other public area. We also collected data on settings where ecstasy was "ever taken" and where ecstasy was "taken in the last 90 days." Most users have taken ecstasy at some time at a rave, club or party (94.3%), and at a private residence (77.8%), while 40.5% had "ever taken" at a music concert, and over half had (55.7%) "ever taken" ecstasy in some other place. Other places mentioned were parks, streets, malls, beaches, sports events, parking lots, restaurants, school, and at work. While the majority reported use settings in the "last 90 days" at a rave, club or party (88%), over half report taking ecstasy at a private residence (61.4%), 22.8% at a music concert, and almost a third at some other places (26.6%). Other

places where ecstasy was used in the last 90 days include streets, parks, and riding around in a car. As shown in Table 1, although raves, clubs and parties are popular settings of ecstasy use, other environments are equally as popular and collectively may surpass raves, clubs and parties as common places to use ecstasy.

### SETTINGS

We identified four ecstasy use settings beyond raves: (1) music and dance venues, which we subclassified into gay clubs, hip hop clubs, "pick-up" clubs, and music concert venues; (2) inner-city bars in low-income neighborhoods; (3) "cruising" settings, which includes streets, parks, backyards, parking lots, malls, and other public areas where young people hang out; and (4) private residential settings.

These settings are not mutually exclusive, and the setting classification is not intended to simplify ecstasy use scenes but instead to provide a structure for analyzing the influence of these settings on use and related behaviors. In the following sections, we describe each setting focusing on the themes of socioeconomic status, race and ethnic background, behavioral patterns, frequency of use, routes of administration, and other drug use with ecstasy, as outlined in Table 2.

#### DANCE/MUSIC VENUES

While many of our respondents have used ecstasy at a rave, a few revealed in their in-depth interviews that they have never been to a rave or even heard of a rave. Moreover, most respondents mentioned using ecstasy outside the rave, and frequently they reported using ecstasy at a dance/music venue known as a club. Often, these clubs also served alcohol, so only clients who could show identification of being 21 or older are allowed access. When referring to clubs, the respondents distinguished between places known as gay clubs, hip hop clubs, and clubs attended by young adults primarily looking for a date, also called "pick-up" clubs. The distinctive cultures found in these subsettings of the dance/music venues merit further attention.

*Gay Clubs.* Although these clubs are geared specifically toward a gay clientele, heterosexuals also visit popular gay clubs. Gay clubs are known as places where one can get access to ecstasy. For example, a respondent from a smaller town said he had to go to gay clubs to "roll" (use ecstasy) since he could not find it anywhere else. Gay clubs typically attract a mixed race clientele, although some clubs have a predominantly African-American clientele. Ecstasy users at gay clubs are comprised of all income and socio-economic status groups but are largely drawn from a middle- and upper-middle-class background. Our ethnographic observations showed ecstasy users at the gay clubs to be older than 21 in general.

TABLE 1  
SAMPLE CHARACTERISTICS (N = 158)

AGE (Mean 20.8; SD 2.3)	Number	Percentage
18 to 20 year-olds	82	51.9
21 to 25 year-olds	76	48.1
RACE		
African American	52	32.9
White	94	59.5
Latino	6	3.8
Other	6	3.8
GENDER		
Male	113	71.5
Female	45	28.5
SELF-REPORTED SES		
Less than middle class	51	32.3
Middle class	74	46.8
Upper middle class	30	19.0
Upper class	3	1.9
EDUCATION		
High school/GED	98	62.0
Some college	53	33.6
College degree	7	4.4
FREQUENCY OF USE/PAST 90 DAYS (Mean 16.3; Median 10.5; Mode 5)		
More than once a month to once a week	92	58.2
More than once a week	66	41.8
SETTING OF FIRST USE		
Rave, club or party	68	43.0
Private residence	59	37.3
Music concert	6	3.8
Other place	25	15.8
SETTING EVER USE		
Rave, club or party	149	94.3
Private residence	123	77.8
Music concert	64	40.5
Other place	88	55.7
SETTING OF PAST 90 DAY USE		
Rave, club or party	139	88.0
Private residence	97	61.4
Music concert	36	22.8
Other place	42	26.6

**TABLE 2**  
**SETTINGS AND PREDOMINANT NORMS AND PATTERNS**

Setting	SES, Race/Ethnicity, Behavioral Theme, Route, Frequency, Other Drug Use
Dance/Music Venues	
<i>Gay Clubs</i>	Middle and upper middle class All racial/ethnic groups Sexual theme Oral route Weekend use Polydrug use (GHB/Viagra)
<i>Hip Hop Clubs</i>	Middle class and lower middle African Americans Music/sex/X theme Oral route Weekend use Use with alcohol and marijuana
<i>Pick-Up Clubs</i>	Middle and upper middle class All racial/ethnic in segregated locations Sexual enhancement theme Oral route Weekend use Use with alcohol and marijuana
<i>Music Concerts</i>	All socio-economic groups All racial/ethnic groups Music theme Oral route Occasional use Polydrug use (marijuana/LSD)
Inner-city Bars/Neighborhoods	Lower socio-economic status All racial/ethnic in segregated locations Sex and fun theme Oral route Sporadic use Use with alcohol and polydrug
Cruising	All socio-economic groups All racial/ethnic groups Sex and/or fun theme (hanging-out) Oral, anal, and nasal route Frequent use (weekly/daily) Polydrug use
Residential	All socio-economic groups All racial/ethnic groups Party theme or intimate relationship Frequent use (weekly/daily) Oral, nasal, anal, injection Polydrug use (includes hard drugs)

The décor of the most popular club we visited included low lights and flashy bars. On one floor, a live show featuring transvestites entertained a mixed crowd of tourists and local clientele, and a dance floor with black lights illuminating the glow sticks of dancers is visible from the landing area between floors. We learned that a popular sales point was the parking lot of this club, which one of our polydrug-using respondents referred to as a “pharmacy.” Pills typically range from \$15 to \$25. This respondent explained that the illicit substances sold here are not limited to ecstasy but also include other club drugs, such as methamphetamine, ketamine, GHB, and prescription medications, most notably Viagra. One gay club respondent we talked with claimed that some males in this club offered him up to \$100 for his Viagra pills, which he said they intended to mix with ecstasy. His reports were substantiated in other interviews. Gay clubs typically serve alcohol, and some held a special “under 21 night,” which tended to draw a younger crowd and, reportedly, more ecstasy users.

Polydrug use was common among gay club respondents, and their repertoire included methamphetamine, Viagra, GHB, cocaine, and alcohol along with ecstasy. Younger users, particularly those under 21, tended to use less alcohol than users who can buy alcohol at the bar. Some of the respondents who use at gay clubs report binging in which they use as many as eight pills at a time, often mixed with other drugs such as amphetamines and GHB on weekends and at special events. Oral administration was the primary route of administration for ecstasy and other drugs while in this setting.

Several ecstasy users who attended gay club also referred to use at “circuit parties,” and they traveled across the U.S. and the world to attend such parties. Sexual activity often was associated with circuit parties. Ecstasy is known as a sex-enhancing drug among the gay circuit crowd and may be referred to as “sextacy.” One African American gay male in his mid-twenties said that sex on ecstasy was awesome and “never stops.” He explained,

It does make you feel sexy because it makes your body tingle; it makes you want to have sex. But if you're not in a sexual environment, you know, you probably wouldn't think about it. But at some point in time you're going to be around that person. And I know for me, I just don't use it with anybody so – I do use it with somebody I'm comfortable with and sometimes I do want to have sex, and it helps you get over the high. You know, when you're ready for that high to end, you can have a lot of sex and it will help get over it, and you can go to sleep.

He was not alone in expressing the value of ecstasy as a sex-enhancing drug or in indicating that use in gay clubs frequently is associated with subsequent sexual activity.

*Hip Hop Clubs.* Those clubs where mainly hip hop and rap music are played are referred to as hip hop clubs. We frequented several of these clubs, and the clientele tended to be predominantly young adult African American men and women. These clubs concentrated their business on the weekend, when young adults packed the venues until early morning closing hours. Generally, hip hop clubs charge an entrance fee, which varies according to the night, and they usually offer special nights, such as "girls free" or free entrance before 11:00 p.m. Hip hop clubs seemed to attract a diverse clientele in terms of social class, but typically the clubs attended by low-income groups are concentrated in low-income neighborhoods, while the hip hop clubs in higher income neighborhoods attract middle- and upper-middle-class African Americans and a few from other race and ethnic groups.

Our respondents reported that ecstasy use is prevalent at hip hop clubs and usually is taken before arriving. Even so, unlike the ravers we observed at rave scenes, the people we observed at hip hop clubs did not display the stereotypical evidence of being high on ecstasy. Absent were "ecstasy paraphernalia" such as glow sticks, pacifiers, light shows, people massaging or "blowing up" (blowing Vicks vapor in the face) each other, or the frenzied chewing of gum. Everyone was dressed fashionably. In comparison to the youth at the rave scene, hip hoppers tended to be less talkative and demonstrated few behaviors commonly associated with ecstasy use.

All hip hop club respondents were African American. They reported paying as much as \$25 for a pill, but most buy their pills for \$10 or less from ecstasy dealers they knew. While many of our respondents said they bought ecstasy before going to the club so that they could take it early, they also said that anyone can buy ecstasy at the clubs as well, but at a greater cost. The typical pattern is to take a pill before going to the club, smoke a blunt (a cigar emptied and filled with marijuana), and then take one, two, or up to three more pills at the club before the night is over. Most reported drinking alcohol and smoking marijuana along with the ecstasy, and some reported snorting a little powder cocaine. Among those who used ecstasy in the hip hop setting, reports of using large amounts at one time (three or more pills) was not unusual. Oral administration was the only route mentioned.

The content of popular hip hop/rap songs refers to ecstasy in a sexual connotation. For example, Missy Elliot places ecstasy in the club/dance bar scene in her song, *4 My People*: "This is for my people, my ecstasy people/C'mon, c'mon, get down, get down/I'm at the bar now, and I'm buying drinks/And I got this feeling, and it's

all over me/I wanna dance with you, and lick your face/Take me on the dance floor to feel some ecstasy.”

One of the respondents recalled a rap song that states, “X makes the sex spectacular.” Another respondent suggested that the beat of the music as well as the lyrics seemed to trigger a curiosity for ecstasy, including its use. Many of the male users at hip hop clubs said that ecstasy increases sexual desire and sexual prowess. One user said, “as far as just using the X, a lot of people just say sex-wise...well it’s supposed to keep your stuff hard.”

For most respondents who used ecstasy in hip hop settings, ecstasy was known as the “love/sex drug,” but it also made them feel more confident. For a number of respondents, this confidence allowed them to approach a person of the opposite sex. Several male users insisted that while on ecstasy, they liked being touched by a female, but they got angry if a male touched them. Overall, the interviews with respondents using in hip hop clubs revealed a disapproval of behaviors that could be associated with homosexuality.

It was common for men to provide the ecstasy to the women they approached at these clubs and offer them an ecstasy pill. If the women agreed to share ecstasy, the expectation arose that they were “on a date” and most likely would have sex. One young African American male explained that males shared ecstasy pills with women they meet at the club so they could go to a motel:

Actually they’ll buy them a pill or they might have a pill. And they might not just want to come off and say, “Hey, I want to do it with you.” ...But he might just give her a pill and once it kick in she’s like, “What’s going on, what’s wrong with me?” But she’s feeling good at the same time. And then, boom, he tries her and she’s really not going to say nothing because she’s X’d up. And after that, they’re having sex then and the next day she wake up and she don’t really know what really happen. But she know that she’s at a hotel, so she can assume and see what’s going on. But the X, it has you.

A young female African American who uses ecstasy primarily at hip hop clubs portrays a different perspective on the influence of ecstasy on sexual activity:

Yeah, I only take it with my female friends, but men that be taking X, they use it for an excuse to touch on you and try to have sex with you. Which, it may be certain pills that make you want to be intimate or whatever, but with me it don’t, and with my friends,

they don't. Some people use it as an excuse, it really don't make you want to have sex. It's what's on your mind. If sex is what's on your mind, that's how the X is going to make you feel.

One young African American male who attended raves as well as hip hop clubs believed that ecstasy "crossed over into our culture" from the White rave culture and now acts as "a mediator between African American and White youth cultures." Instead, an African-American female who never attended a rave, believes that ecstasy came from "one of these White folks." But she added that "us Black people do it more than White people nowadays because it's out here, in our community and it's a lot of us do it."

*Pick-Up Clubs.* Our ethnographic mapping allowed us to identify several clubs known as "pick-up" clubs in a popular nightlife area where ecstasy is being sold and used. This specific area of the city, located in an upper-class neighborhood, is congested every weekend throughout the night with young adults from all racial/ethnic backgrounds. Among those who used ecstasy were individuals who already had earlier rave experiences, including ecstasy use, as well as those who had no prior experience.

As most clubs sell alcohol, the combined use of alcohol and ecstasy was common. Although both ecstasy and alcohol are known to cause dehydration, the respondents in this setting did not mention drinking water as a protective measure. They did explain, however, that their ecstasy (and alcohol) use made them "feel good." As one White male respondent who used ecstasy and drank alcohol at "pick-up" clubs reported "you drink till you drop," and ecstasy seemed to enhance the alcohol high. One African-American male explained that he does not dance at the clubs unless he takes ecstasy: "It gives you more energy, it makes you more outgoing ... I guess just lowers your anxiety. Just makes you more out there."

Male users we interviewed in this setting sometimes referred to ecstasy as a sex drug, especially useful for picking up a girl. A 24-year-old Hispanic female who also uses ecstasy while at the "pick-up" clubs agreed:

Guys are very, like ... um ... generous with their drugs. Especially something like that ... Assholes will just give you drugs in clubs.... I guess they think they're going to get some. [Interviewer: Okay, because somebody had said yesterday that guys usually use it to get girls, and he actually referred to it as a date-rape drug.] Yeah, I would say it would be, yeah.

The ecstasy users at "pick-up" clubs typically do not take other illegal drugs with ecstasy, although they may use marijuana regularly, and some reported taking



cocaine occasionally. The only route of administration mentioned was oral. Ecstasy was used only on weekends, but not every weekend, and the amount used was generally limited to one pill.

*Music Concerts.* Among the ecstasy users interviewed, those who mentioned using ecstasy at music concerts included 18 to 25 year olds from all income categories and all race and ethnic groups. Music was the main theme, and behavioral patterns of ecstasy use were related to the music featured. Sexual behaviors and other potential risk behaviors were not mentioned by users in the music concert venues. As one African-American male said,

It kind of like just made a concert ... the concert was already good but it just made it more upbeat ... I enjoy the concert but I might kind of be kind of quiet and laid back, so. For me, it just kind of just gets me out there....

Although users in this setting are more often long-term users of ecstasy, they also tended to use ecstasy less frequently and in less quantity at music concerts than users at other settings. When using at a concert, the only route of administration mentioned was oral. Polydrug use was common at music concerts, and other drugs often used with ecstasy were hallucinogens (mushrooms or LSD) and marijuana. The ecstasy users in the music settings were less likely to mention using alcohol, cocaine, heroin, or other hard drugs along with ecstasy.

## INNER-CITY BARS AND NEIGHBORHOODS

Of all the changes in ecstasy use, the transmission of ecstasy use from the rave setting attended by middle-class youth to the streets of disadvantaged neighborhoods is the least researched aspect of this drug's social history. We found that young adults in several disadvantaged, inner-city neighborhoods reported using ecstasy. In terms of their daily lives, many described being unemployed, having dropped out of school, having witnessed and/or been involved with criminal activities including selling drugs, and seeing little opportunities for upward social mobility in life. Typically, they used in or near neighborhood bars.

One neighborhood bar we visited was in a White inner city neighborhood that previously was known as an area where workers migrated from Appalachian mountain regions. More recently, Mexican male immigrants moved in, with some of them being joined by their families and others sharing residence with older White women. We interviewed both young White and Hispanic users in this area. The other drugs used by these low-income youths were primarily methamphetamine (White poor), cocaine (Hispanic poor), marijuana, and sometimes heroin. Some of

the youths in this neighborhood are now selling ecstasy along with other street drugs and going to raves and dance clubs to sell as well. Frequency of use is low compared to use of other drugs. The price of pills is about \$10-\$20. Females in this setting usually do not pay for an ecstasy pill.

Ecstasy has an explicit sexual connotation among this group of users. A White male said he only takes ecstasy to have sex with his wife, but now that she is gone, he stopped taking it. A 19-year-old White female said that she would rather take ecstasy with other females because around males ecstasy "makes you want to have sex." The young people under age 21 congregated outside a local bar, and they reported taking ecstasy primarily outside the bars or at parties held in motels. The White lower income youths usually did not drink alcohol while using ecstasy, but marijuana use was common.

In contrast, the people who used ecstasy at the local bars in the disadvantaged inner city, largely African American neighborhoods were usually older, and they often drank alcohol with their ecstasy use. They paid as little as \$5 a pill and typically bought ten or twenty pills at a time. Yet, like the White and Hispanic inner city youths, these users reported a sexual experience on ecstasy. One African-American female explained her experience with ecstasy in this way:

You feel real good, warm. It makes you feel like you're sexy. You just want to be with your companion. You know. It makes you just feel real good.... [Interviewer: So, compared to marijuana, how does ecstasy feel?] Compared to marijuana? Ecstasy feel way better than marijuana. Because marijuana keeps me still level, but ecstasy have me just downer - it makes you want to relax, lay back. It makes you sexy. It makes you want to get into the mood.

Among this group of respondents, ecstasy was also known to increase the sexual performance of males. An African-American female who used ecstasy only with her boyfriend said, "The male going to really be into it ... harder. Last longer. Hours. It keeps you going for hours." One inner city African American female mentioned being less shy and uninhibited when she used ecstasy at a neighborhood bar and reported, "These pills got me taking off my shirt, but I normally wouldn't take off my blouse if I was in my state of mind or I was at home."

Most inner-city youths in low-income neighborhoods use ecstasy only through oral administration. The ecstasy users in the African-American neighborhoods report frequent and heavy use of ecstasy, particularly on weekend nights, and, as mentioned, they typically use ecstasy with alcohol and/or marijuana. In contrast, while the White and Hispanic youths in the disadvantaged inner city neighborhoods use ecstasy

less frequently, they use more illegal drugs and often use other illegal drugs along with ecstasy, particularly methamphetamine.

### *CRUISING SETTINGS*

A variety of different settings were mentioned by young adult ecstasy users who get high in their neighborhoods outside of a bar, club, or rave. The phenomenon of moving around in the neighborhood while using ecstasy is referred to here as "cruising." Cruising may indicate riding around in a car, hanging out in malls or parks, or going to a movie or motel with friends specifically to use ecstasy. Cruising on ecstasy was engaged in by youths of all races and ethnic and class distinctions, but the patterns of ecstasy use varied across socio-economic class lines.

Many of the lower-income ecstasy users never had been to a rave, and some never had even heard of raves. For most of them, ecstasy was one of several drugs they incorporated into their repertoire. Frequently, ecstasy was not the primary drug of choice – which tended to be crack or cocaine powder, marijuana, or methamphetamine. Yet one respondent told us, "They moved away from crack – all the young people – once they found out how X make you feel."

For many, the price of an ecstasy pill, the smallest unit sold on the street, was relatively expensive at \$10 to \$30 a pill. A key feature that distinguished these ecstasy users from the others is that many also are involved in selling the drug. A number of respondents explained that they may pool their resources –not only to buy ecstasy but also to get a motel room to "chill." Typically, they use ecstasy more frequently than ecstasy users in most other settings. In this setting, ecstasy use is primarily associated with sex and having fun with friends. A young African American male said he first took ecstasy with a girl who told him "it's a sex drug." Both females and males who cruised in inner-city neighborhoods reported ecstasy use in relation to sexual activity. Yet, one 19-year-old African American male who used ecstasy in the "hood" disagreed with this popular conception:

But me, I don't believe it work. 'Cause me, I don't even think about sex when I'm on a pill. I think about it, in about five minutes, I'm on another subject.... I basically feel normal. Just happy. It just feel like ... it feel like I'm just being loved by everybody. And everybody just, like – the pill just have you feeling so good. I love to meet people. I just walk up and talk to people and just smile.

Cruising also was reported by middle- and upper-middle-income youths who were typically White, but the cruising setting for these more privileged youths included such places as beaches, campsites, or lakes; one reported using on a cruise ship.

Furthermore, most of the middle- and upper-middle-class respondents who reported using ecstasy in a cruising setting also went to raves or previously had attended raves. Additionally, many of them were polydrug users, including the use of cocaine, prescription drugs, and methamphetamine. Routes of ecstasy use included snorting, swallowing, smoking, and an anal route called "booty-bumpin."

These youths lived generally in the suburbs, but they attended raves in the city. The rave culture influence was seen in the ambiguous and contradicting attitudes they had towards ecstasy as a sex drug. While most said that ecstasy makes you feel like touching others, many insisted that ecstasy inhibits sexual feelings and functions. As one White male, a former raver who now uses in cruising settings, said about ecstasy:

It really kills your erection. You have to have a lot of foreplay. She was really into it though, so I guess it is really good for female sexuality and it felt good. It's just that you can't keep it up at all. There is just no erection.

Another White male who used in cruising settings explained his sexual feelings on ecstasy:

I don't feel, I don't feel I have an urge to have [sex]. When I first took a roll, you know, everybody built it up as a sex drug blah, blah, blah. And they told me they were like, you know, "it's a cool thing to do, you know, it's really sexually oriented, you know, get your girlfriend, you know, you'll have a blast." And I really got built up. Now I was lucky enough, the guy I got it from told me, "Look ... take everything you know about ecstasy and throw it out the window ... because it's not the sex drug that everybody claims it to be."

Many of the young people who use in a cruising setting also use in private homes. This last setting, the residential environment, is the most hidden setting of ecstasy use.

#### *RESIDENTIAL*

Private residences comprise an increasingly reported setting of use. We found respondents reporting two primary categories of residential use: in their own homes and in the homes of friends. Ecstasy use in one's own home often occurred with a sexual or intimate partner, but on occasion might be taken alone. Some users said they took ecstasy alone at home to relax, write poetry, or engage in another artistic

activity. However, the majority of residential use occurred with friends who "roll" together. All races and ethnicities reported at-home use. Although a few recent users report having used ecstasy only in residential settings, the majority of residential users used ecstasy previously at a rave and not at a club.

Although ravers might eventually mature out of ecstasy use, we found that some of them just took their use into more private places. Ecstasy use in the residential setting may include sexual activity among intimate partners, but, more often, the "collective ideology" of the rave setting is carried over to the at-home use environment. An 18-year-old former raver said,

There's a whole lot of people who like to take ecstasy and sit down and relax and give each other a massage, and watch a movie, put on some soft music, dim the lights, and just sit in, like a huge cuddle-huddle.

One 20-year-old White female, who self-identified as a lesbian, said that ecstasy was not about sex, but about feeling more intimate with everyone around you.

And it's not physical as much as it is mental. Like you're totally, you feel like you're part of this big huge family, and everybody's like seeing eye to eye, you understand them. ... [Interviewer: Some people have said it is harder to have an orgasm on ecstasy.] For boys I think it is, but for me it was a lot, lot easier. Okay. Because it's really hard for me. Right. And I'm very sex shy. And it's actually like, it was a lot easier for me to just let go and to enjoy.

The most common residential pattern was among young adults who "partied" at home with polydrug use. Patterns of ecstasy use in this setting often included the introduction of new routes of administration. A new method of ecstasy use called "hottrailing" was mentioned by a number of respondents who used both methamphetamine and ecstasy. Hottrailing consists of heating a glass "shooter" at one end until it is red hot, then placing it to a line of crushed ecstasy, already prepared on a mirror or CD cover, and snorting it through the nose. Observation of this method revealed a smoky substance being inhaled through the nose, although respondents say they can feel some powder in the nose as well. Snorting paraphernalia often were shared among friends. Another route found among residential settings was injection. Although not many ecstasy injectors were found, some heroin injectors experimented with injecting ecstasy and introduced this method to other ecstasy users. Additionally, ecstasy users in residential settings where parties

occurred often were frequent users and used high doses of ecstasy at one setting. One 19-year-old White male said he "snorted" ecstasy only when in a private home, and he described the "smacked out" ecstasy (rumored to contain heroin) as "the pills where you be like on the ground and stuff ... they're fine if you're doing them at the house, but not at the club."

## **DISCUSSION**

Based on our preliminary analysis, with a focus on diverse settings and how the settings might affect use patterns, perceptions, or expectations and resulting experiences, we found that the drug's perceived effects does depend on the setting of use. The interaction of "set and setting" (Zinberg, 1979, 1984) show that the environmental factors of the ecstasy use setting affect the expectations and motivations for using ecstasy, resulting in a diversity of perceived influences of ecstasy on sexual activities and other behaviors. The increasing use of ecstasy in settings frequented by diverse race and ethnic groups show additional diversity in use behaviors, such as dosages, routes of administration, or the use of ecstasy in combination with other drugs.

While first use of ecstasy previously has been documented as occurring primarily in dance events such as raves and clubs, in our sample of young active ecstasy users, first use of ecstasy occurred in residential settings almost as often as it first occurred in a party, club, or rave setting. Additionally, residential settings are mentioned about as often as raves and clubs as a place where our respondents ever used ecstasy. Furthermore, cruising in a public setting was mentioned by over half our respondents as a place they ever used ecstasy, which suggests that public areas may be increasing as a setting of ecstasy use. Although ecstasy use may have been occurring at diverse settings since the conception of the drug, these settings have not been examined in research studies as have the rave and club settings, which led to a not uncommon tendency to refer to ecstasy users as "ravers." A diffusion of ecstasy use settings may result in a rapid increase of ecstasy use among other drug and nondrug users. In 2001, first-time use of ecstasy reportedly surpassed first time use of cocaine, with the number of new users of ecstasy increasing tenfold since 1993 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2003).

The findings in our study highlight the multiple settings of ecstasy use that have hitherto received little research attention (Allaste & Lagerspetz, 2002; Golub et al., 2001). How different settings affect the patterns of ecstasy use and behaviors of ecstasy users as well as their expectations has been identified as a gap in current research (McElrath & McEvoy, 2001a). What does this shift in scenes away from raves to other settings indicate, and how can these findings inform future research

endeavors? Herein lies the primary contribution of this article, which examines how the culture of the setting affects the perception of the effects of the drug. Essentially, notable differences are found in how ecstasy affects sexual desire and functioning, the diverse behavioral patterns in different settings, and the user's preferences for using other drugs (including alcohol) while using ecstasy. In contrast to the rave set, in which ecstasy is seen as asexual, promoting collective, cooperative social behaviors, and not often used with "hard" drugs or alcohol, the settings outside the rave induce dissimilar perceptions and behaviors.

First, the setting affects the association of ecstasy with sex and intimate relations. As reported in previous literature, ravers typically describe ecstasy use in terms of peace, love, unity, and respect, called the "collective ideology" (Hitzler, 2002), and ecstasy is viewed to be asexual (Sloan, 2000). We found that similar ideology surrounding ecstasy changes with the setting. Gay club attendees use ecstasy along with other drugs primarily with intent to enhance relational and sexual activities. The hip hop scene respondents describe ecstasy use as being associated with increased self-esteem, making it easier to meet people of the opposite sex and engage in heterosexual sex. Users in lower-income neighborhoods perceive ecstasy as a drug to use at bars and/or with a sexual partner at home or in motels. The "rolling" parties occurring at the homes of friends are not always sexual in nature, but some at-home users in residential settings use ecstasy with an intimate partner, and the residential parties known as "circuit parties" attended by young gay males include ecstasy use for sexual purposes. Finally, while young people who are familiar with the rave ideology typically report ecstasy to decrease sexual desire and ability, ecstasy users outside the rave culture have varied reactions, and those who use ecstasy in a sexualized context, such as pick-up bars, hip hop clubs, and gay parties, describe ecstasy as an aphrodisiac. In sum, outside the raves, ecstasy is increasingly perceived as "sextacy" rather than the "dancetasy" perspective reported in previous rave literature (Ter Bogt et al., 2002).

Second, the setting also affects the way a user makes sense of behaviors while under the influence of ecstasy and facilitates in the development of new drug use patterns. For example, while ravers conduct light shows or massage each other, the users in the hip hop crowd do not display any of these behaviors. Yet glow sticks were transferred easily from the rave to the gay club and residential settings. In the cruising setting, ecstasy use occurs predominantly as a substitute for other drugs or in combination with other drugs, and in residential settings, ecstasy may be used alone to increase self-awareness and self-expression or used with friends experimenting with novel routes of administration and combinations of drugs.

One of the most noteworthy changes we examined is the increase of ecstasy use in settings frequented predominantly by African Americans. The increase in

African-American use of ecstasy is associated with the spread of ecstasy use beyond the rave setting. Yet, unlike White youths who used ecstasy with a plethora of other drugs, African American ecstasy users generally take ecstasy only with alcohol or marijuana. Through exploration of the African American settings of ecstasy use, we learned that the so-called ecstasy related paraphernalia such as glow sticks, pacifiers, candy necklaces, and mutual massaging behaviors are part of the rave culture and not necessarily ecstasy induced. The collective activity and restriction of alcohol intake by ecstasy users found in clubs in Europe (Allaste & Lagerspetz, 2002) does not appear to hold true for ecstasy users in African American hip hop clubs. Many of the African Americans we interviewed expressed no perceptions of a collective feeling of empathy toward others, and some African Americans who heard of this supposed effect of ecstasy said it was that way only for Whites. Meanwhile, many White young adults who do not frequent hip hop clubs did, however, listen to hip hop music, which may influence their own perceptions of ecstasy effects. As more users from these diverse settings interact, the diffusion of patterns from one setting to another will occur. For example, while "old school" ravers who have used ecstasy in a variety of settings still insist that sex is not possible on ecstasy, the younger and newer users from all races and cultures said ecstasy was good for sex. The rapid diffusion of ecstasy perceptions through various settings supports the earlier argument by Agar and Reisinger (2003) that ecstasy trends are unlike those of other drugs.

The club drugs connected to the rave scene have dispersed and will continue to be introduced into various settings where young adults of all race, ethnic, and class backgrounds congregate, such as the cruising settings mentioned here. One finding that calls for further ethnographic study is the use in ecstasy in private settings such as homes and motel rooms. And while public settings allow the diffusion of drug expectations and patterns, the more private settings allow the conveying of risk-related behaviors that require an environment hidden from public scrutiny.

As mentioned previously, early literature of ecstasy use included residential settings of use; however, users in the new residential setting reveal a new set of user perceptions and not a revival of the early residential setting. New routes of ecstasy administration are learned primarily in the residential setting. The residential settings facilitate experimental use of other drugs along with new routes of administration, in large part due to the privacy of the setting. When ecstasy use is related to risky sexual activities and injection drug use, then concerns about HIV/AIDS and other sexually transmitted diseases are raised. Our data show that both injection use and risky sexual behaviors can occur with ecstasy use, but these risky behaviors usually occur in private settings. When the setting of ecstasy use and set of the user is primarily sex-related, such as among some of the gay circuit scene,



there is the potential for risk-related sexual activities, irregular condom use, and sex with multiple partners. In contrast, residential settings are conducive to the sharing of drug paraphernalia, harm-related routes of administration, and more frequent use.

We acknowledge that the participants in one setting may participate in other scenes as well, which facilitates the transmission of ecstasy use patterns from one setting to another; nevertheless, each setting has a distinctive culture that influences the set of ecstasy users. The recent passage of new federal laws concerning rave settings may hasten the expansion of ecstasy use to other settings; therefore, an understanding of the use patterns in different settings is crucial. While club settings appear to encourage the risk activities associated primarily with alcohol use, the private settings of ecstasy use present an ideal environment for risky sexual activities as well as experimentation of polydrug related risk factors, such as injection practices and potentially fatal combinations of drugs. In conclusion, ecstasy use has spread beyond raves to public and private settings; while public and semipublic settings, such as clubs, are relatively easily observed, private settings, such as residences, are well-hidden.

This study is limited to one city and therefore does not include all settings of ecstasy use. Furthermore, some settings, such as mainstream nightclubs with older clientele, have not been fully explored in this study since we are focusing on younger users. However, the findings here add appreciatively to a fuller understanding of ecstasy use patterns in different settings, a knowledge base that has been only partially explored until now. Currently, we have primarily one well-described ecstasy user – the raver – a stereotype based on the rave setting. Gay males who attend circuit parties and clubs have been identified in recent literature as a subculture of ecstasy users. In this paper we also explored other club and bar settings, music concerts, public area settings, and residential settings. Future studies should incorporate the diversity of settings, the changing patterns of use, and some discussion on new pattern developments. This study on settings beyond raves hopes to stimulate such a discussion.

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